

  **FRAMEWORK AGREEMENT POPULATION TEMPLATE**

  **SARS (SPEND ANALYSIS AND RECOVERY SERVICES) II**

 **REFERENCE NUMBER**

 **RM 3820**

**ATTACHMENT 3**

Please complete the tables below as applicable. This information will be used to populate the Panel Agreement if successful in this procurement.

**GENERIC INFORMATION OF SUPPLIER:**

|  |  |
| --- | --- |
| **Information Required**  | **Response**  |
| Generic Email Address  |   |
| Generic Telephone Number  |   |
| Internet Address  |   |

**FRAMEWORK AGREEMENT – CLAUSE 46.6.2:**

|  |  |
| --- | --- |
| **Information Required**  | **Response**  |
| Name of Supplier  |   |
| Address of Supplier  |   |
| For Attention of – Supplier Contact Name  |   |
| Telephone  |   |
| Fax  |   |
| Email  |   |

**SCHEDULE 11 – MARKETING:**

|  |  |  |
| --- | --- | --- |
| **Required Details**  |  | **Details**  |
| Marketing Contact Name  | [insert details]  |  |
| Marketing Address  | [insert details]  |  |
| Marketing Telephone Number  | [insert details]  |  |
| Marketing E-Mail Address  | [insert details]  |  |

**SCHEDULE 14, ANNEX 1: REQUIRED INSURANCES:**

|  |
| --- |
| **PART A: THIRD PARTY PUBLIC & PRODUCTS LIABILITY INSURANCE**  |
| **Information Required**  | **Response**  |
| Maximum Deductible Threshold (£)  |   |
| **PART B: PROFESSIONAL INDEMNITY INSURANCE**  |
| **Information Required**  | **Response**  |
| Maximum Deductible Threshold (£)  |   |

**SCHEDULE 17 – COMMERCIALLY SENSITIVE INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.**  | **Date**  | **Item(s)**  | **Duration of Confidentiality**  |
|   | [insert date]  | [insert details]  | [insert duration]  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |